

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2	1						52				
3	1						53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		2					58				
9		2					59				
10		2					60				
11		2					61				
12		2					62				
13		2					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		2					68				
19		2					69				
20		2					70				
21		2					71				
22	1						72				
23	1						73				
24	1						74				
25		2					75				
26		2					76				
27		2					77				
28	1						78				
29	1						79				
30	1						80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	39						TOTAL IND.				
TOTAL DEP.	43						TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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